

**Thursday, October 23, 2025
6:00 AM to 6:00 PM**

FUNDRAISER NAME	Mailing address	City/Town	Prov.	Postal Code
E-mail	Tel (day)		Tel (evening)	

Page _____ of _____

DONATION INFORMATION - Please print clearly, thank you!					
Charitable tax receipts will be automatically issued for donations over \$20, or upon request. Receipts cannot be issued without all information filled out.					
DONOR NAME	Mailing address	<input type="checkbox"/> Cash <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> Cheque - Payable to Cancer Foundation of Sask		Donation \$	
Phone	City/Town	Prov.	Postal Code	Card #	Receipt: Yes___ No___
E-mail address	Tel (day)		Exp date ____/____	CVV #	
DONOR NAME	Mailing address	<input type="checkbox"/> Cash <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> Cheque - Payable to Cancer Foundation of Sask		Donation \$	
Phone	City/Town	Prov.	Postal Code	Card #	Receipt: Yes___ No___
E-mail address	Tel (day)		Exp date ____/____	CVV #	
DONOR NAME	Mailing address	<input type="checkbox"/> Cash <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> Cheque - Payable to Cancer Foundation of Sask		Donation \$	
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Phone	City/Town	Prov.	Postal Code	Card #	Receipt: Yes___ No___
E-mail address	Tel (day)		Exp date ____/____	CVV #	

	TOTAL OF THIS SHEET
Cash	\$
Cheques	\$
Credit Cards	\$
TOTAL	\$